CITY OF MAROA

120B South Locust Street PO Box 136 Maroa, IL 61756 Phone: (217)794-2206 Fax: (217)794-5125 Aaron Meador, Mayor Diane L Edwards, City Clerk Michele Modro-Peters, Treasurer

GYM RESERVATION APPLICATION & LIABILITY AGREEMENT

Group Name or Occasion:	
Person Responsible:	Phone:
Mailing Address:	
Date of Event:	Approx. # Attendees:
Arrival Time:	Departure Time:
	wledge that the following regulations and pertaining city ordinances described regulations or city ordinance notifications may result in the al of future reservation requests.
· -	accurate as possible. Reservations will be held for 1 hr. past ed. Please notify us ASAP if you are unable to make your reservation
2. Responsible party must be at le	ast 18yrs. old at the time of reservation.
3. Vehicles must adhere to the ou	lined parking areas.
4. Failure to clean up all areas of	the event can result in a failure to receive back your deposit.
5. Alcoholic beverages are allowed will not be tolerated, No Kegs Allow	by a special permission request to the Mayor. Excessive drinking ved.
hereby take action for myself and directors, officers, employees, and	use the property, facilities, and equipment of the City of Maroa, I do forever release, waives, and discharges the City of Maroa, its agents from any and all liability and/or property damage incurred property, facilities, and equipment.
9	d fully understand the above rules/regulations in accordance with erstand that I am responsible for the actions of all participants and surrounding areas.
Signature of Responsible User:	
Data	